Infection Control

Curriculum Module

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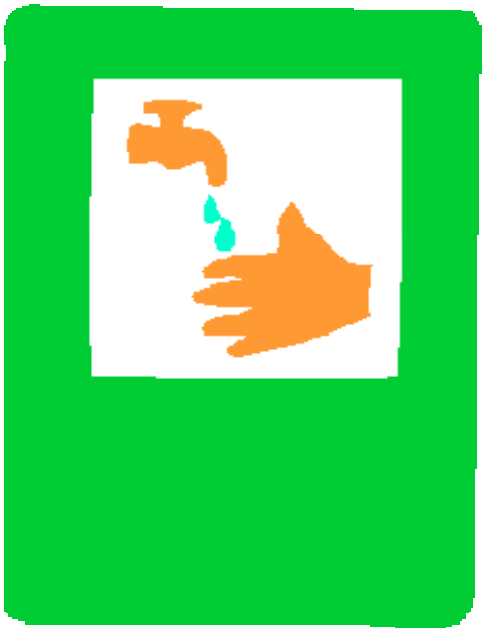
Infection Control

Curriculum Module



Introduction

Infection Control Curriculum Module
Syllabus

Description:

Infection Control is a 3-4 hour curriculum module designed for the nurse aide employed in a variety of health care settings. Infection control does not just happen. It requires specific knowledge, skills, and effort. The knowledge gained from this module will be used by the nurse aide, both in the health care setting and in his/her own personal life.

Objectives:

Upon completion of this module, the nurse aide will be able to:

1. Define the words on the vocabulary list.
2. Demonstrate a renewed commitment to maintaining the highest standards of infection control in his/her work setting.
3. Compare the differences between Standard Precautions and Transmission Based Precautions.
4. Identify residents most susceptible to infection and apply principles of infection control to reduce the chance of infection.
5. Redo the crossword puzzle with the list of words but without the definitions.

Teaching Methods:

- Lecture
- Discussion
- Overhead transparencies
- Crossword Puzzle
- Confidential Inventory

Method of Evaluation:

In order to meet the requirements for the *Infection Control* Curriculum Module, the nurse aide must:

- Attend all class sessions
- Participate in class discussions
- Complete the crossword puzzle
- Take the Confidential Self-Assessment
- Redo the crossword puzzle at the last class

Directions for Use of the *Infection Control* Module

The *Infection Control* curriculum module has been prepared for two groups of people. First, the instructors, for whom we wish to provide curriculum that can be used to complement their teaching skills and help them to educate nurse aides to remain knowledgeable, efficient, and caring. Second, the nurse aides, for whom we wish to provide the knowledge and skills necessary to remain competent and current in their provision of care.

Curriculum Pages:

Each objective has been featured on a single page divided into three areas: "Content", "Learning Activities", and "Notes".

- The "Content" area includes information to be covered in order to meet the objective. Handouts and overheads complimenting each objective are also included in the curriculum module.

- The "Learning Activities" area includes student-centered activities designed to enhance classroom content and student learning. The curriculum module includes master copies of instructional materials needed to accomplish written activities listed in this area. When applicable, answer keys are provided for use by the instructor during class discussion.

- The "Notes" area includes a blank area specially designed for instructor notes. Instructors may choose to write notes beforehand, during class, or afterwards. The notes may serve as reminders for the instructor or may include additional content or examples.

Overhead Transparencies:

Transparencies are included in the curriculum module. Each transparency corresponds with a specific objective and includes information gleaned from individual curriculum pages. Even though use of overhead transparencies by the instructor is optional, their use may be an effective teaching tool for nurse aides who are visual learners.

Written Activities:

Two written activities are included to enhance understanding of the content in the Infection Control Curriculum Module: A Pretest Crossword Puzzle and a Confidential Self-Assessment. A master copy of each written activity and an instructor answer key for the crossword puzzle are included. The master copy of each written activity should be duplicated and distributed to each nurse aide at the appropriate time during the lecture sequence. Each written activity should be completed as indicated on the curriculum page.

Group Discussions:

Each curriculum page and accompanying objective includes and allows time for group discussion. Group participation is vital to the success of the module. The instructor should encourage discussion by asking individual students what they think about the information being presented and/or how it has effected them in their personal or professional lives, etc. Group discussions are also done after each nurse aide has completed written activity worksheets and are based on the answers to the worksheets. Group discussions are facilitated by the instructor and allow the nurse aides to voluntarily answer the questions on the written activity worksheets.

Infection Control Vocabulary

(May be used in answering crossword puzzle)

A-sep-sis	A condition free from germs.
Bio-hazard	Anything that is harmful or potentially harmful to humans, other species, or the environment.
Blood-borne	Carried by the blood or found in the blood.
CDC	Centers for Disease Control and Prevention, Atlanta, Georgia.
Con-tact	Direct or indirect transmission of a communicable disease from the host to a healthy person.
Con-tam-i-nated	To no longer be clean or sterile.
De-con-tam-i-na-tion	The use of physical, chemical or other means to remove, inactivate or destroy harmful microorganisms from persons, spaces, surfaces or objects.
Drop-let	Extremely small drops of liquid, such as occurs with a sneeze. Can carry infectious organisms.
Ex-po-sure	To be in contact with an infected person or agent.
Germ	A microorganism, especially one that causes disease.
Gloves	A protective covering for the hands.
Gown	Covering made of cloth or paper used to protect the clothing of the caregiver from contamination.
Hand-washing	A technique used by medical personnel to clean the hands of transient germs and dirt.

He-pa-ti-tis	An inflammation of the liver most commonly caused by one of five hepatitis viruses. Can also be caused by other viruses, bacteria, parasites, drugs, alcohol and chemicals.
Host	The organism from which a parasite obtains its nourishment.
In-fec-tious	Producing an infection.
I-so-la-tion	The separation of infected persons from others.
Mi-cro-or-gan-ism	Very small living organism not seen by the naked eye. Some examples are bacteria, yeasts, molds, and viruses. May or may not cause disease.
Nu-tri-ents	Elements or chemical compounds necessary for the body's proper functioning. Examples are vitamins, minerals, proteins, carbohydrates, fats, and water.
Nu-tri-tion	The process by which the elements and compounds necessary for the creation, maintenance and restoration of the cells are made available to the body from food.
No-so-co-mi-al	Infection acquired in a hospital. ("Noso" is Greek for "disease".)
Path-o-gen	A microorganism or substance capable of producing a disease.
Por-tal	The avenue by which infectious organisms gain access to the body.
Pre-cau-tion	Taking steps to prevent an unwanted outcome.
Res-er-voir	Any person, animal, plant, soil or substance in which

	an infectious agent normally lives and multiples, and where it reproduces itself in a way that allows transmission to a susceptible host.
Res-i-dent	Living in one place. Resident bacteria are those that live on or in the human host and can not be removed from the skin by washing.
Sharps	Medical objects that may cause punctures or cuts to those handling them, including all broken medical glassware, syringes, needles, scalpel blades, suture needles, and disposable razors.
Ster-i-lize	To destroy all organisms.
Sus-cep-ti-ble	Likely to be infected, as with an infection.
TB	Tuberculosis: an infectious disease which is increasing in occurrence. It most commonly affects the lungs, but may affect the GI and genitourinary tracts, bones, joints, nervous system, lymph nodes and skin as well. Three types exist: human, bovine (cow) and avian (bird). Humans may become infected by all three types, but in the U.S., the human type is most common.
Trans	A prefix meaning across, over, beyond, or through.
Tran-si-ent	Not lasting. Transient bacteria are those that are acquired by direct or indirect contact. They can be removed from the skin by washing.
Vi-rus	The Latin word for "poison". The smallest organism that can be seen by an electron microscope. It can only live inside a cell where it reproduces itself. Viruses can cause disease immediately or can live in the cell for many years before becoming active.

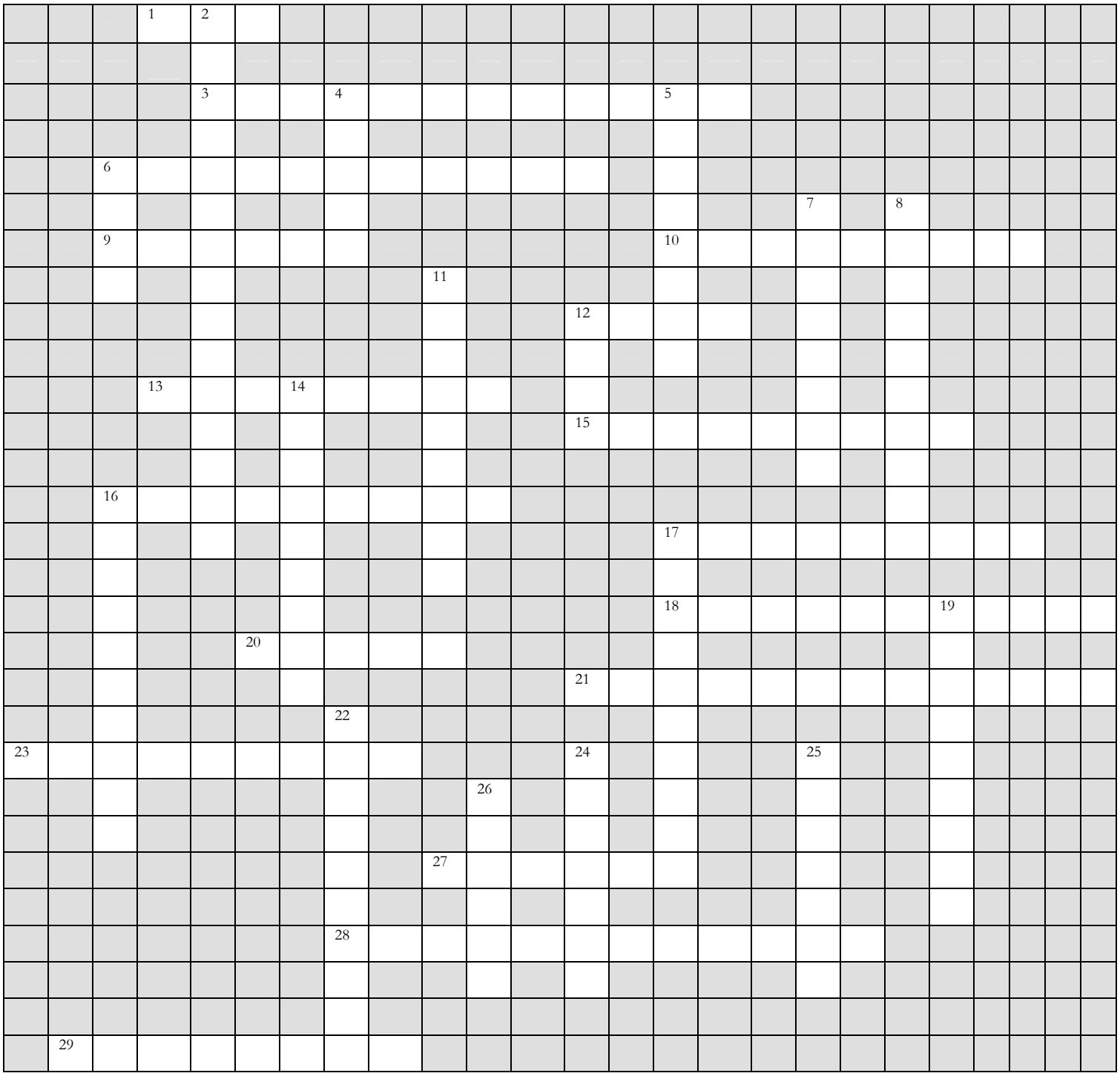
Approximate Time to Cover Objective 1 Content: One hour.

Objective 1: The nurse aide will be able to define the words on the vocabulary list.	
Content/Learning Activity	Notes
Directions to Instructor: ❖ *Go around the group and have each student read a word on the vocabulary list and its definition out loud. Ask students to identify words which are new to them. You will need to help with pronunciation and answer questions that may arise.* ❖ *Please use Written Activity Number 1, have the students complete the crossword puzzle using the vocabulary list. This is intended to be a form of a "pre-test". You can expect that there will be some students who find this a challenge, especially if their learning in the past has been very passive.* ❖ *Allow time for each student to work alone, Approximately 30 minutes.* ❖ *If it appears that they are not able to complete the puzzle and are getting frustrated, allow them to compare puzzle and work together.* ❖ *Remind students, if necessary, that this module is intended to expand what they know, hence "continuing education", not to simply go over what they have learned in the past.* ❖ *Use Overhead #5 to review the puzzle answers*	

Written Activity Worksheet #1

STRAIN-YOUR-BRAIN CROSSWORD PUZZLE

Directions: You are taking this crossword puzzle for fun and to see how much you remember from what you have learned from classes and your work experience about infection control. You may even find words you haven't heard before. Although all the words on the puzzle are from the vocabulary list, the clues aren't word for word from the definitions. You will have to do some figuring out to find the right answers. No word is repeated twice. Try to figure out the answers for yourself.



Clues for solving the crossword puzzle.

ACROSS:

1. An organization located in Atlanta, Georgia that deals with infection control.
3. The state of being dirty or unclean.
6. The best way to reduce the chance of getting or spreading disease.
9. Needles and razors are examples of these.
10. To remove or destroy all bacteria or organisms.
12. A microorganism that can cause disease.
13. Another name for a germ that causes disease.
15. The process by which the body uses food for growth or restoration of the cells.
16. A way of keeping sick people from infecting others.
17. Compounds necessary for the body's proper functioning.
18. When someone is said to be easily affected by disease, they are said to be this.
20. One of the smallest organisms that may cause disease.
21. A living organism not seen by the naked eye.
23. Any bodily fluid can potentially be this.
27. Your mouth, as a way for getting access to your body, is an example of this.
28. A disease that most commonly affects the lungs and was once thought to be controlled.
29. Lives in the same place permanently.

DOWN:

2. Taking a shower after a resident vomits on your uniform is an example of this.
4. A common prefix in the medical language.
5. To be in contact with an infected person or agent.
6. For the cold virus, your body can be the perfect_____.
7. Tiny amounts of liquids, such as the ones you see during a sneeze.
8. Diseases that are carried by the blood are called this.
11. A person who harbors infectious agents is called to be this.
12. You may need this in an isolation room.
14. A disease of the liver
16. If you have the flu, you are said to be this.
17. A disease caught while in a hospital or other health care facility.
19. Not lasting
22. When you take steps to prevent an unwanted outcome, you are taking this.
24. Type of transmission of a common disease.
25. A state with no germs
26. These may be made of latex.

Approximate Time to Cover Objective 2 Content: One hour.

Objective 2: Demonstrate a renewed commitment to maintaining the highest standards of infection control in his/her work setting.	
Content	Notes
A Few Fascinating Facts *(Instructor: Please use Overhead Number 1)* ❖ Until the invention of the microscope in 1595, disease was thought to be caused by many things including the night air, bathing, and spells and curses. Garbage and human waste was thrown into the streets and handwashing was unknown. ❖ In the 1800's, approximately one out of every four women who had a child died of what was called "childbed fever." This was actually a streptococcal infection caused by the practice doctors had of doing vaginal examinations on woman after woman without ever washing their hands. By not washing their hands, they directly carried the streptococcal bacteria from one patient to the next. In 1847, Dr. Iganz Semmelweis, a European obstetrician, discovered the connection between not washing hands and the spread of the disease. You would assume that other doctors would immediately start washing their hands. Instead, they rejected and ridiculed Dr. Semmelweis' proof and he ended up dying in an insane asylum.	

Facts About Infection Control

- Infection Control prior to 1595
- Infection Control in the 1800's
- Infection Control in the present time.
- MRSA
- Hepatitis
- Tuberculosis

Overhead Number 1, Objective 1

Objective 2: Demonstrate a renewed commitment to maintaining the highest standards of infection control in his/her work setting.

Content (cont'd)	Notes
❖ In the last part of 1999, over 150 years after Dr. Semmelweis made his discovery, newborn babies in a large hospital in the Mid-West, started dying of infections. The source of the infections couldn't be found until the infection control team cultured the fingernails of the nurses and found the source. The nurses had long fingernails and/or acrylic nails. Did they know that they should keep their nails short and not have acrylic nails? Of course. That is standard infection control because it is well known that bacteria grow under long nails and under nail polish, and that it is almost impossible to wash the bacteria away. But these nurses ignored what they had been taught and, as a result, innocent babies died. ❖ You have all heard of MRSA---Methycillin Resistant Staphylococcus Aureus. (Did you know that "aureus" means "golden"?) MRSA is only one of more and more infections where the bacteria has changed to the point where there is no medicine that will kill it. MRSA doesn't fly from resident to resident; It is carried by the well meaning nursing and medical staff that don't really believe that hand washing or wearing gloves is all that important. If they did, you wouldn't see long fingernails, acrylic nails, no gloves, or no handwashing between residents, or the rest of the things that aren't done that can prevent illness and death.	

Objective 2: Demonstrate a renewed commitment to maintaining the highest standards of infection control in his/her work setting.

Content (cont'd)	Notes
(Instructor: Please use Overheads 6-10 or copy on color printer and use as handouts.) ❖ *Lead class discussion on importance of good body hygiene, handwashing between patients/residents,* etc. Have students practice handwashing. ❖ There are five known types of Hepatitis: A through E. At first, Hepatitis C was thought to be a new species. It is now known that Hepatitis C, a virus only identified in 1989, has existed in blood samples from Air Force servicemen that had been stored since 1948. Nearly 4 million Americans are believed to have Hepatitis C. The government, however, has estimated that as many as half of those thought to have the infection don't know they have it, since patients can go for twenty or thirty years before observable symptoms emerge. ❖ Tuberculosis was once the most deadly disease in the world. It is estimated that one billion people in the 19th and early 20th centuries were killed by this disease. Guess what? The most deadly infectious disease in the world today is still tuberculosis, killing 8000 people a day.	

Objective 2: Demonstrate a renewed commitment to maintaining the highest standards of infection control in his/her work setting.

Content (cont'd)	Notes
What Has This Got To Do With You? *(Instructor: Please use Overhead Number 2)* As health care workers, you have always had a huge responsibility to protect yourself, your family, and your residents from danger because you work in an environment that encourages infection. Your residents are generally elderly, sickly and very susceptible to diseases. And health care is always facing new dangers. The danger from incurable infections is one that was not a problem even a generation ago. *(Instructor: Please use Overhead Number 3)* ❖ *Have the students list as many ways as possible by which they can protect themselves, their families, and their residents from infections. Please project Overhead Number 3 and solicit responses from the group.* *Examples may be:* *1. Handwashing before and after resident care* *2. Gloving* *3. Changing dish towels at home every day* *4. Antiseptic solutions for hands* *5. Using a new tooth brush every few months* *6. Not coming to work when sick* *7. Keeping dirty linen away from uniforms* *8. Wiping doorknobs and other potentially contaminated surfaces with antiseptic solutions* *9. Bathing daily* *10. Wearing clean uniforms daily* *11. Keeping nails short and not wearing artificial nails* *12. Not wearing jewelry*	

What Has This Got To Do With You?

- Work in an environment that encourages infection
- Residents are elderly and susceptible to disease
- Health care is facing new dangers

Overhead Number 2, Objective 2

Ways You Can Protect Yourself and Your Resident










Overhead Number 3, Objective 2

Objective 2: Demonstrate a renewed commitment to maintaining the highest standards of infection control in his/her work setting.	
Content (cont'd)	Notes
(Instructor: Please use Activity Worksheet # 2) ❖ *Have the students take the Confidential Self-Assessment. It is important that they take this seriously and answer the questions honestly. Make a note that they completed the assessment and graded themselves, but have them keep the inventory with them. You, as the instructor, are NOT to see the assessment. It must be kept completely confidential in order to be effective.* ❖ *Once the assessment is completed, have the students as a group list five reasons why they and the people they work with don't follow standard infection control procedures. Reasons may include not having enough places to wash their hands conveniently to just not caring. This is not an exercise to complain but to identify what the problems are in their own work setting.* ❖ *Have the students list as many ways as they can think of for their facility to improve the overall infection control program.* ❖ *Ask each student to find one article or piece of information about current diseases that poses a serious health risk in today's world, to be shared at the last class. They could use newspapers, magazines, the internet, or a personal situation. The source of the information isn't important: what is important is that they become more aware of how their own contribution impacts the spread of these diseases.*	

Activity Worksheet # 2
CONFIDENTIAL SELF ASSESSMENT

Directions: This confidential self-assessment will help you assess how you feel about infection control and how you actually apply infection control principles in your care of your residents. *It is not intended to make you feel guilty*, although sometimes a little guilt helps you keep the level of care where you really want it. The answers you give are not to be shared with anyone!

True/False	I keep my fingernails short and I wash my hands before touching my residents.
True/False	I wash my hands after I complete my residents' care.
True/False	I wear gloves when I change incontinence pads.
True/False	I wash my hands after I remove my gloves.
True/False	I never wear dirty gloves out of the residents' rooms.
True/False	I never put dirty laundry on the floor.
True/False	I use a paper towel to turn off the faucet after I wash my hands.
True/False	I change my gloves during care if they become dirty and put on new ones.
True/False	I truly understand how handwashing and other infection control activities really reduce the chance of infection.
True/False	I feel that I am a role model for new aides when it comes to infection control.
True/False	I am always conscious of the fact that my hands are crawling with germs, especially if I have acrylic nails, and that I can carry those germs from resident to resident and to my family.
True/False	I wash my hands after I use the bathroom and I turn off the faucet with a paper towel.
True/False	I never think to myself that all this handwashing isn't really necessary.
True/False	It makes me very concerned when I see other aides changing dirty incontinence pads without gloves and without washing their hands.
True/False	I feel compelled to tell my supervisor when I observe someone not washing his/her hands.
True/False	When nurse aide students are doing their clinical, I never have to change my practices around them because I am already doing everything the way I was taught and according to facility policies.

True/False	I have never said to a nurse aide student, "You don't have time to wash your hands between residents."
True/False	I have never said to a student or a new employee, "I know how I'm doing this isn't right."
True/False	When my resident gets an infection that other residents have gotten earlier, I always look at my actions to see if I could possibly have caused his/her illness by not following good infection control, especially handwashing.
True/False	I answered all of these questions honestly, even if I had to answer "false" because my nursing care needs improving and I know it.

Scoring:
18-20 True Answers---Congratulations! Your residents and your family can trust that you will provide the safest, disease free environment possible.

15-17 True Answers---You mean well but you need to be more consistent in applying what you know, and not let anything prevent you from giving the best care possible. Your residents and family are depending on you!

14 or fewer True Answers---Sorry, but you have let bad habits slip into your nursing care. You really do not want to be a danger to yourself, your residents and your family. It's never too late to raise your level of practice.

Approximate Time to Cover Objective 3 Content: One hour.

Objective 3: Compare the differences between Standard Precautions and Transmission Based Precautions.	
Content	Notes
(Instructor: Please use Overhead Number 4) The discovery of the AIDS virus in the 1980's changed forever the way that health care workers would view their residents. Before AIDS, infection control focused on individuals who showed signs of an infectious illness. Care of those individuals centered on preventing the spread of their illness to the staff and other residents. There were different types of isolation techniques used. Care of apparently well individuals was based on common sense, that is, good handwashing, not sharing equipment or supplies and the like. If you have been in health care for many years, you can remember what the environment was like before AIDS. Once it was learned that diseases can live in various bodily secretions and cause infections, a guideline called "Universal Precautions" was developed by the Center for Disease Control and Prevention (CDC). (Interesting note: the CDC added "Prevention" to its name but didn't add a "P".) Then in 1996, still newer guidelines were released which have two levels of precautions: Standard Precautions (which replaced Universal Precautions) and Transmission Based Precautions.	

SIMPLIFIED COMPARISON CHART BETWEEN STANDARD PRECAUTIONS AND TRANSMISSION BASED PRECAUTIONS

Standard	*Airborne*	*Droplet*	*Contact*
Shared room OK	Private room	Private room	Private room
Wash hands 10-15 secs Before and after touching a patient during routine care.	Use all precautions in first column	Use all precautions in first column	Use all precautions in first column
Wash hands for several minutes if blood or other body fluids touch your skin	Use all precautions in first column	Use all precautions in first column	Use all precautions in first column
Wear gloves when risk of contamination.	Use all precautions in first column	Use all precautions in first column	Wear gloves
Wash hands after taking off Gloves (3-69% of gloves have holes)	Use all precautions in first column	Use all precautions in first column	Use all precautions in first column
Wash hands after taking off gown	Use all precautions in first column	Use all precautions in first column	Use all precautions in first column
Protect yourself with masks, eye wear gown, gloves where there is risk of splashing of fluids. (Protect yourself even if other people do not)	Wear mask	Wear mask	Wear gown. Mask usually not needed.

Basic Rule: Use your common sense! Protect yourself and your resident based on what the situation tells you. Remember that you are not at home!

Airborne = disease can be carried on very small droplets or dust particles that float in the air. (Chickenpox, measles, TB)

Droplet = disease can be carried on large droplets in the air and do not float. Come from sneezing, coughing, talking. (Meningitis, pneumonia, influenza, scarlet fever.)

Contact = disease can be transferred by direct contact (hand or skin-to-skin) or indirect contact (touching surfaces or items in room).

Objective 3: Compare the differences between Standard Precautions and Transmission Based Precautions.	
Content (cont'd)	Notes
Instructor: ❖ *Please distribute Handout # 1* ***"Comparison of Standard Precautions and Transmission Based Precautions."*** ❖ *Using the handout, give the students at least one disease condition requiring each type of precaution and ask them which precaution would be appropriate.* *Examples: infected pressure ulcer, severe diarrhea which is possibly Hepatitis, bad cold or flu symptoms.* ❖ *Ask students to share work experiences where they took care of residents with a possibly infectious disease and how they were told to protect (or not) protect themselves based on what they know from these standards.* ❖ *An additional activity would be to practice putting on, taking off, and disposing of gowns, masks and gloves if that seems appropriate for your facility.*	

Approximate Time to Cover Objectives 4 and 5 Content: One hour.

Objective 4: Identify residents most susceptible to infection and apply principles of infection control to reduce the chance of infection specifically for those Residents.	
Content (Cont'd)	Notes
❖ *Discuss with the students what it means to be "susceptible". Include poor nutrition, mental status, inactivity and other factors such as catheters and feeding tubes, all of which contribute to the increased chance of illness.* ❖ *Use facility experiences where there was an outbreak of a disease. Discuss who got the disease, how it affected them, and why others most likely did not get sick. Include staff as well as residents.* ❖ *Discuss why the students think the disease spread as it did and what might have been done to contain it better.* ❖ *Have the students identify five current residents who are at high risk for infection and apply what has been learned in this module specifically to them, where possible.* ❖ *Have the students share the information they found on current diseases.*	

Objective 5: Redo the crossword puzzle with the list of words but without the definitions.	
Content (cont'd)	Notes
(Instructor: Please distribute Activity Worksheet #1 again) *Instructor: As a final evaluation, have the students redo the crossword puzzle. They may use the words to get the correct spelling, but must fold back the answers. This puzzle is not graded, but just a little way to see how much they remember.* *(Instructor: Please use Overhead Number 5 to review Activity Worksheet 1 at this time)*	

Activity Worksheet 1
Answer Key
STRAIN-YOUR-BRAIN CROSSWORD PUZZLE

			1 C	2 D	C																			
				E																				
				3 C	O	N	4 T	A	M	I	N	A	T	5 E	D									
				O			R							X										
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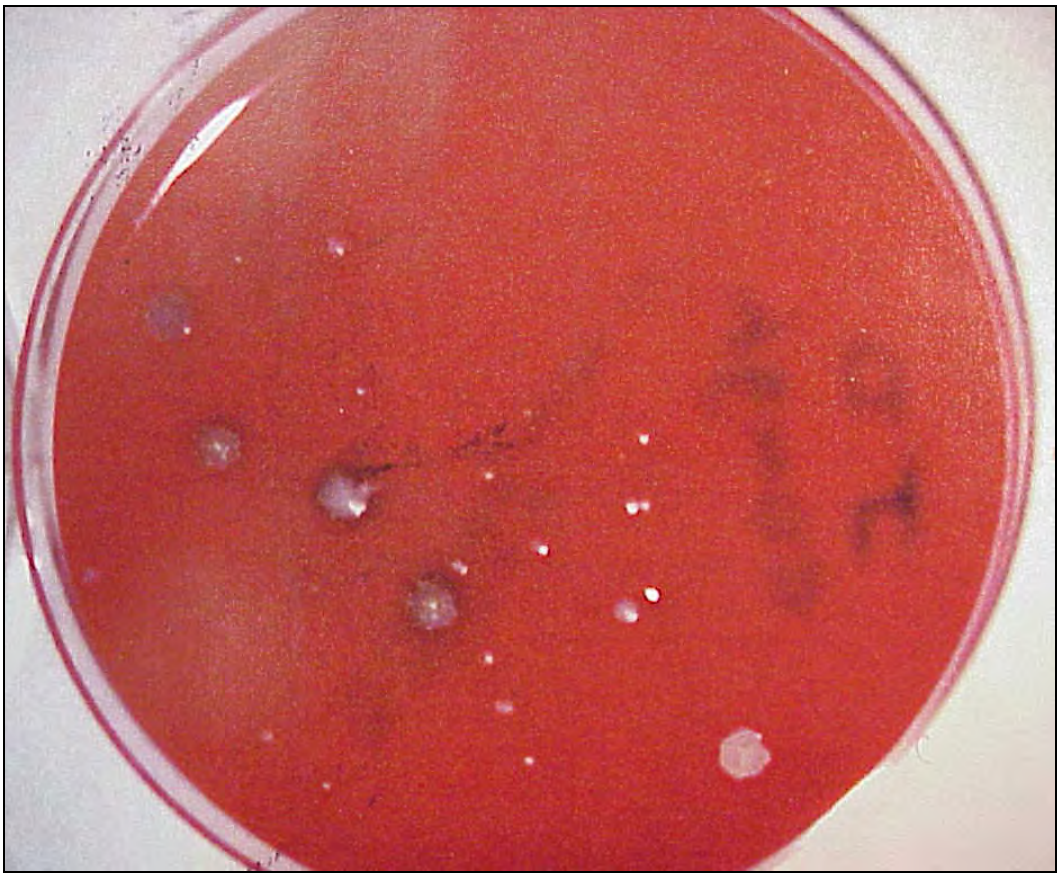
Cough



Staph, Strep, Yeast, Dipthoids

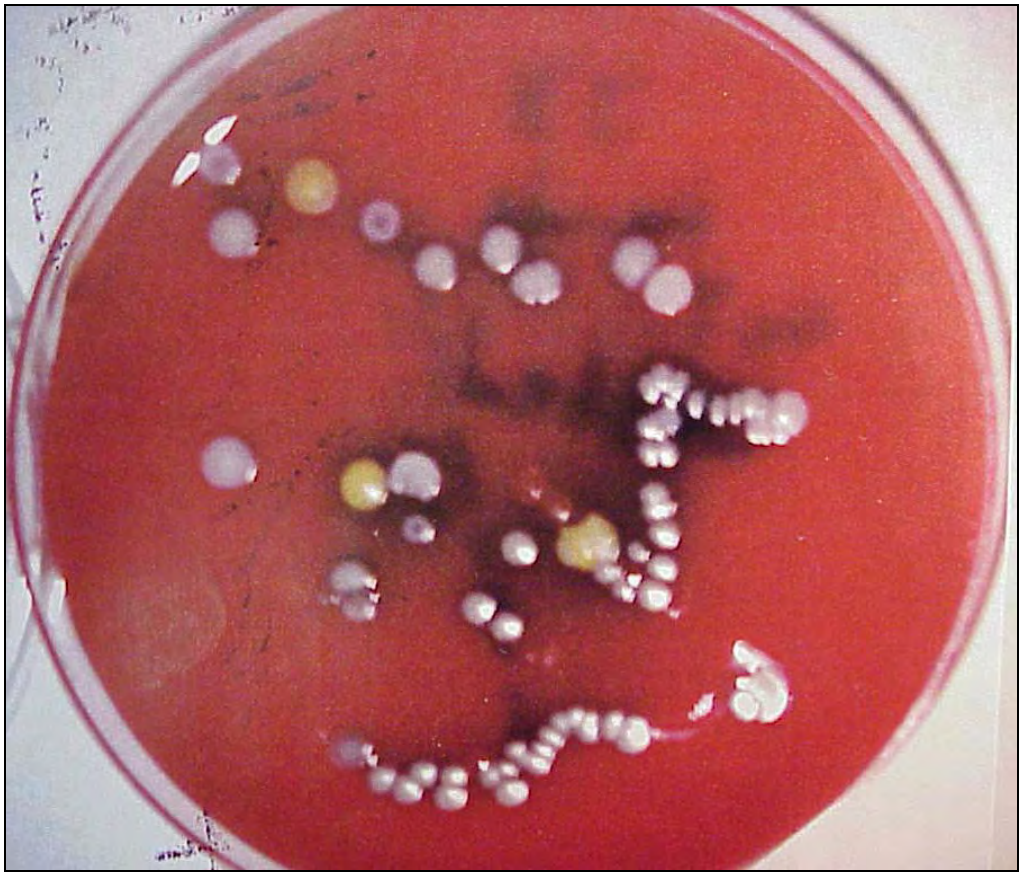
Overhead 6, Objective 2

Work Shoes

Everything

Overhead 7, Objective 2

Unwashed Hands



Two Types of Fungus and Staph, Strep

Overhead 8, Objective 2

Unwashed Hands

Staph

Overhead 9, Objective 2

Unwashed Hands

Pseudomonas, Staph, Gram Positive, Gram Negative Rods

Overhead 10, Objective 2

Bibliography

Berger, Karen, J. (1999) Fundamentals of Nursing. 2nd Ed. Appleton and Lange.

Http://archives.seattletimes.com (1999)

Sorrentino, Sheila A. (2000) Textbook for Nursing Assistants. 5th Ed. Mosby.

Taber's Cyclopedia Medical Dictionary. (1997) 18th Ed. F. A. Davis Company.

Curriculum Module Evaluation

Evaluation Form for Instructor
Infection Control Curriculum Module

Instructions: Please take a few minutes to complete the following evaluation. Read each statement and circle the response that represents your opinion about the curriculum module. Your responses and comments will help us improve the contents of the curriculum module, Infection Control. Thank you for your time.

Statements	Rating Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1.The objectives were appropriate for the content.	1	2	3	4	0
2.The content was appropriate for the nurse aide's level of learning.	1	2	3	4	0
3.The Activity Worksheets were appropriate and complemented the teaching/learning process.	1	2	3	4	0
4.The role-play activities were appropriate and complemented the teaching/learning process.	1	2	3	4	0
5.Clinical practice was appropriate and complemented the teaching/learning process.	1	2	3	4	0
6.The handouts were appropriate and complemented the teaching/learning process.	1	2	3	4	0
7.The overhead transparencies were used, were appropriate and complemented the teaching/learning process.	1	2	3	4	0
8.The nurse aides will be able to use what they have learned in the work setting.	1	2	3	4	0
9.The nurse aides will be able to use what they have learned away from the work setting.	1	2	3	4	0

Please write additional comments in the space below:

What are the learning needs of the nurse aides employed at your facility?

Evaluation Form for Nurse Aides
Infection Control Curriculum Module

Instructions: Please take a few minutes to complete the following evaluation. Read each statement and circle the response that represents your opinion about the curriculum module. Your responses and comments will help us improve the contents of the curriculum module, Infection Control. Thank you for your time.

Statements	Rating Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1.The objectives were written clearly and easy to understand.	1	2	3	4	0
2.The content was appropriate for my level of learning.	1	2	3	4	0
3.The Activity Worksheets were helpful and helped me learn the content.	1	2	3	4	0
4.The role-play activities were helpful and helped me learn the content.	1	2	3	4	0
5.Clinical practice was helpful and helped me learn the content.	1	2	3	4	0
6.The handouts were helpful and helped me learn the content.	1	2	3	4	0
7.The overhead transparencies (if used) were helpful and helped me learn the content.	1	2	3	4	0
8.I will be able to use what I learned in the work setting.	1	2	3	4	0
9.I will be able to use what I learned away from the work setting.	1	2	3	4	0

Please write additional comments in the space below:

What other learning needs do you have?